* U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 6013

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/2005 Through: 72/31/2005

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name DANIEL R MURRY	Name PILEDRIVERS UNION LO 34
	Labor Organization File Number 033 – 60
P.O. Box, Bldg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 2350 SANTA RITH RD	Street SS HEGENBERGER PL
City PLEASANTON	City OAKLAND
State CA 21P Code + 4 94566-413	State CA. ZIP Code + 4 946.2/
5. Position in tabor organization. RECORD ING SECRETARY	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code +4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Co	On 3/17/06 925-462-9644 Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing DANIEL & MURRY	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or income dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, ar directly to, or otherwise
8. Name and address of Business (including trade name, If any). Name CARR TRAINGUNG COMM, OF D., CAL, Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: 2350 SANTA RITH RD. City PLEASANTON State CA. ZIP Code + 44576-4735	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CAPP. TRAINING TRUST FUND OF P. CAP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: ZGS HEGENBERGER RS City CARLAND State ZA ZIP Code + 4 9 963/	11.a. Nature of such dealing. CTCNC PROVIDES APPRENTICESHIP AND JORNEYMAN TRAINING ON BEHALF OF BOX #10 11.b. Approximate dollar value of such dealing. 6,7 MILLION 12.a. Nature of interest held or income received. I AM AN EMPLOYSE OF THE CTCNC AND MY TOTALS WAGES, BENIFITS AND REIMBURS MENTS TOTAL #107,919.68 12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ler parts A and B above) y or other thing of value. 14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.